

**Arkansas Board of Licensure
For Prof. Engineers & Prof. Surveyors**
PO Box 3750
Little Rock, AR 72203-3750
Telephone: 501-682-2824 Fax: 501-682-2827
www.pels.arkansas.gov

**07/1/2013 - 06/30/2015 Renewal Notice for
Professional Surveyor – License Ends with Odd Number**

PDH Carryover (visit online roster to view): _____
Name: _____ PS#: _____
Address: _____
City: _____ State: _____ Zip+4: _____ – _____

- ☐ Same as above (includes Zip+4 obtained at www.usps.com)
☐ Change Address to (check one): Home: ☐ Other: ☐ School: ☐ Work: ☐
If Other or School enter Name: _____
If Work, enter Company Name: _____
Address: _____
Ste: _____ Bldg/Floor (if applicable): _____
City: _____ State: _____ Zip+4: _____ – _____
E-Mail: _____
Primary Phone: (____) _____ – _____ Ext: _____
Secondary: (____) _____ – _____ Ext: _____
Fax: (____) _____ – _____

Board Use Date Rec'd: _____

Total Payment: \$60 \$90 \$120 Receiver Initials: _____
Applicant Type: Licensee ☐ Other Payment received
Type Payment: ☐ Cashier's Check ☐ Company Check
☐ MO (Money Order) ☐ Personal Check ☐ Temp Check
Payment Identifier/number: _____
Receipt Type(s): Renewal Fee – Professional Surveyor \$60.00
Renewal Fee – Professional Surveyor – Late (1-60 days) \$30.00
Renewal Fee – Professional Surveyor – Late (61+ days) \$60.00

YOUR LICENSE WILL EXPIRE JUNE 30, 2013.

Professional Surveyor Renewal Fee:
\$60.00 – If postmarked prior to June 30

To avoid a lapsed license, this completed form and payment (payable to PELS Fund) MUST BE POSTMARKED NO LATER THAN June 30, 2013. Please write your license number on your payment and allow 3 to 4 weeks for your paper renewal to be processed.

IF NOT RENEWED, IT MUST BE REINSTATED!
REINSTATEMENT FEE:

\$90.00 – July 1 to Aug. 31, 2013
\$120.00 – September 1 to June 30, 2015

NOTICE renew online and your renewal is processed within 24 hours compared to the 3-4 weeks that a paper copy requires.
Online renewal is available through December 31, 2013.

As renewals are processed, the "Online Roster Search" expiration date on the website will be 30-June-15. Current contact information may also be verified online.

NOTICE! You may renew on-line (until Dec 31, 2013) with a credit card by going to www.pels.arkansas.gov.
A TRANSACTION FEE WILL NO LONGER BE ASSESSED FOR RENEWALS PROCESSED ONLINE!

For information regarding Professional Development Hour (PDH) renewal requirements, credit conversion, record maintenance, and exemptions, visit Article 20 of the Board's Rules on our website.

Please select one of the following four (4) options:

- ☐ **I do not wish to renew my License.** I am returning this form without renewal fee and request that my license be placed in a non-renewed status and my name removed from future mailings.

Certification/Affirmation of Eligibility for Licensure Renewal – I certify that: The information contained herein is true and correct; I have met all the requirements for licensure renewal set forth by the State of Arkansas A.C.A. 17-48-101 et seq. and Rules of the Board, and I agree to abide by the Rules of Professional Conduct. I understand that I may be audited and if audited, I will be required to submit supporting documentation. I understand that failure to comply with such requirements, or any false statements made on this document, is a cause for disciplinary action.

- ☐ **I earned (rounded to the nearest 0.5) _____ PDH between July 1, 2011 and June 30, 2013.** A total of 30 are required per renewal period (combination of new/carryover hours). Carryover may be viewed in our Online Roster Search.
- ☐ **I qualify for an exemption from PDH based upon (check one & INCLUDE APPROPRIATE FEES):**
- ☐ New Licensee since May 1, 2011. OPTIONAL I earned (rounded to the nearest 0.5) _____ PDH between May 1, 2011 and June 30, 2013.
 - ☐ Requesting, or continuing in, an Inactive Status
 - ☐ Out of the United States or on temporary active duty in the Armed Forces of the United States for a period of time exceeding 120 consecutive days in a year (July 1, 2011 and June 30, 2013).
 - ☐ Requesting, or continuing in, an Exempt Status (*I was born before July 1, 1953 OR Licensed as a PS before July 1, 1993*)
- ☐ **Comity/Out-of-Jurisdiction Licensee** – I am licensed in a state where I have met their mandatory Professional Competency requirement of at least 15 PDH per year (circle a state: AL AK ID IA KS MT NC ND NE NH NM NV OH OK OR SC SD TN WV WY).

Printed Name _____

*SSN# _____ -- _____ -- _____

Signature _____ PS # _____

Date _____